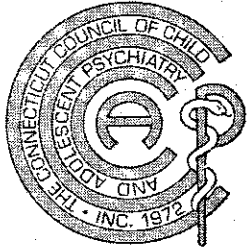


**Connecticut
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I am Dr. Joan Narad, a Board Certified General Psychiatrist and Child and Adolescent Psychiatrist. I am also the President-Elect of the CT Council of Child and Adolescent Psychiatry.

I am here today to discuss **SB 55, AN ACT EXPANDING THE MEMBERSHIP OF THE PHARMACEUTICAL AND THERAPEUTICS COMMITTEE**. I appreciate this opportunity to speak before this Committee about my experiences as a physician who prescribes psychotropic medications, and as someone who passionately advocates for providing best practices in mental health to our state's children and families.

The purpose of the Pharmaceutical and Therapeutics Committee is to develop the preferred drug lists for the Department of Social Services by looking at the clinical efficacy, safety and cost effectiveness of a product. The Committee may also make recommendations to the department regarding the prior authorization of any prescribed drug.

DSS is a leading funder of mental health services, and psychotropic medications can play a critical role in the treatment of behavioral and emotional disorders. There are multiple classes of medications to treat mental illness, including stimulant and non-stimulant medications to treat Attention Deficit Hyperactivity Disorder; antidepressants to treat anxiety and depressive disorders; mood stabilizers and anticonvulsants to treat mood dysregulation; and antipsychotics, or neuroleptics, to treat mood disorders and psychotic disorders. Psychotropic medications, even those within the same class, often have biochemical differences that result in significant differences in patient responses, including effectiveness, side effects and drug-drug interactions from child to child. This is especially true when considering the developmental needs of the growing child and adolescent. Of concern to child and adolescent psychiatrists is the increase in polypharmacy for children. Psychotropic medication is viewed as just one component of a comprehensive treatment plan that includes behavioral and psychosocial interventions appropriate for the identified disorder while accounting for the developmental age of the child.

While there are many very good physicians who prescribe these medications to children who are under DSS' care, it is very important that someone with expert abilities in regard to children be on this committee to advocate for them. In the United States, Child and Adolescent Psychiatric training requires 4 years of medical school, at least 3 years of approved residency training in medicine, neurology, and general psychiatry with adults, and 2 years of additional specialized training in psychiatric work with children, adolescents, and their families in an accredited residency in child and adolescent psychiatry. The Child and Adolescent Psychiatrist most often collaborates with and assists other prescribers in the community.

We request that an additional person be added to the list of participants on the P&T Committee, and that person be a Child and Adolescent Psychiatrist.

Thank you for your time and attention today.